

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Myles Care Home	CHAPTER 100.1
Address: 719 South Kei Place, Kahului, Hawaii 96732	Inspection Date: February 24, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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JUN 14 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:  Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All in-service training and other educational experiences shall be documented and kept current.  <b>FINDINGS</b> Primary Care Giver (PCG) – Six (6) hours of training sessions not completed.	<p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"><b>PART 1</b></p> <p>I took my online training through MyFreeCE/CE. These are the classes I took</p> <p>① ABCs of Herpes Simplex Virus 2020</p> <p>② About Blood Pressure medications</p> <p>③ ABCs of common Cold</p>	<p align="right">06-01-21</p> <p align="right">06-04-21</p> <p align="right">06-05-21</p> <p align="right">21 JUL 14 AM 11:53</p> <p align="right">STATE OF HAWAII DOM-CHCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div><input checked="" type="checkbox"/></div> <p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff-controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b> Resident #3 – Medication Docusate was removed from original container and put in an old expired bottle with old prescription label.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On Feb. 26, 2024, I called Doctor's office and asked them to put label on the medication Docusate Sodium. I picked up the labeled medication 2 days later.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>08-28-24</p> <p>21 JUL 14 AM 11:53</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #2 – MAPAP Arthritis 650 mg bottle expired 3/10/20. Prescription fill date was 3/11/19.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On Feb 26, 2021, I called the Doctor's office and asked them to call the Pharmacy to refill Mapap 650 mg. I picked up the medication on March 22, 2021.</p> <p>I removed the expired medication from the container mixed it with used coffee grounds into a Ziploc bag and put it in the garbage bag.</p>	<p style="text-align: right;">02-24-21</p>

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

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STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

Licensee's/Administrator's Signature:

Wpawee

Print Name:

Wipawee P. Pananada

Date:

06-04-21

Licensee's/Administrator's Signature:

Wpawee

Print Name:

Wipawee P. Pananada

Date:

07-12-21

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